Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 1 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Nevya Davila tagan
Participant's Address: 1486 Ave F.D. Rooseve It copt 304 Santuan
Participant's Email Address: <u>nevya davia a smail</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 2960
Nature of Claim: Creditor Coublicemployee
By: Menya Davila
Signature
Print Name
SAN STATE OF THE S
Title (if Participant is not an individual)
August, 13, 2021 Date
La contraction of the contractio



an Juan PR 00918-1767



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual) 14 Sept. 2021 Date

yami tza J-10 Calle 12 Jaquas, P.R. 00725 Irb. Sta. Juana II Figueroa

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 5 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	
Participant's Name:	Sandra M. Dàvila Perez
Participant's Address:	Unb. Campamento Calle E Buzin 11 Gurabo P.RODTE
Participant's Email Address:	sandy-davila@hotmail.com
Name of Counsel:	NONE
Address of Counsel:	NONE
Email Address of Counsel:	NONE
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	61143
Nature of Claim:	(General Unsecured) Salary - Pension 3 3
By: Saud De	SEP 2
Signature !	ila Pérez
Print Name	TOS E
	3
Title (if Participant is	not an individual)
Date	

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 7 of 118

Participant must provide all of the information below in English:

1.

if any:

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: vedere Road Orlando FL 32820 Participant's Email Address: ednavallellanes @ yahop. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual)



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

12. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Promesa Title III

By:

Print Name

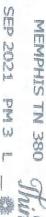
Title (if Participant is not an individual)

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Participant must provide all of the information below in English:

if any:	s, and that of its counsel,
Participant's Name: Saria M. Cerlon	Livera
Participant's Address: HC-03 Box 16687 Corn	N-P.R. 0078
Participant's Email Address: angel archilla Dya Roo.	Com.
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant'	s Claim:
Claim Number:	
Nature of Claim:	S 20 0
By: Signature Signature	SEP 2
Aloria H. Colin Siveva Print Name	D & F
or cannot have the so to so the	# 1 LE
Title (if Participant is not an individual)	
Date	

23 SEP 2021 PM 3 The second secon MOTITAL

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: sde Dio Grande, Rio Grande, P. Participant's Address: Participant's Email Address: miadalia diaz rivera a yahoo Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Title 111 PROMESA -NO 17 BK 3283LTS Title (if Participant is not an individual)

26 Grande, P.K

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United State District Court, Clerk's '50 Ave. Carlos Chardon Ste. 150

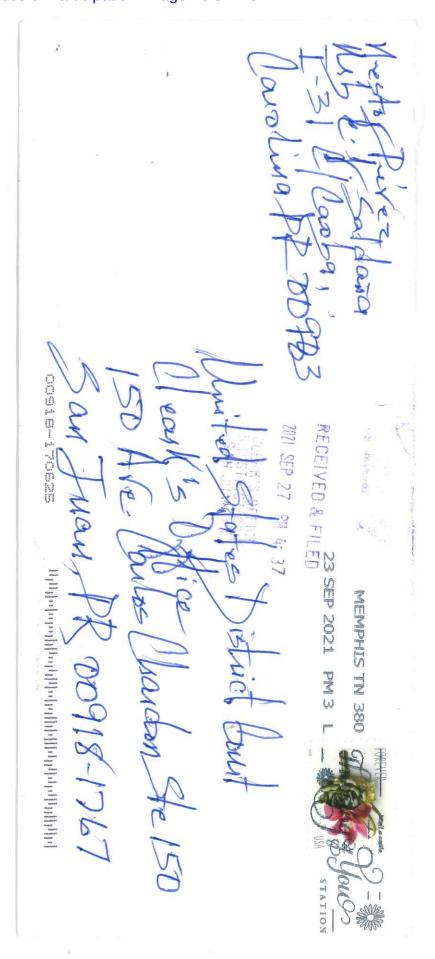
San Juan , P.R. 00918-1767

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 15 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its cou	nsel,
if any:	
Participant's Name:	7
Participant's Address:	78:
Participant's Email Address: Nes 2620 & hot mail Con	
Name of Counsel:	11.
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Part and 's Claim:	
Claim Number: 17BK 3283-Lf5	
Nature of Claim: Retive	-
By:	(T)
Signature S	EELO
Print Name	
Time Name	
Title (if Participant is not an individual)	
16 Sep 21	
Date	



Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc:

Pro se Notices of Participation Page 17 of 118

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	
Participant's Name:	Nilda R. Castrodad Castrodad
Participant's Address:	AO. Box 339 Cidra, Pyerto Rico 00739
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	175898' 175898
Nature of Claim:	Wages, Back Pay Promesa Title III
By: Nilda R	Castrodad no. 17 BK 3283-LTS
Signature	
Nilda R.	Castrodad SEP 27
Print Name	EES 2 A
	A COR
Title (if Participant is	not an individual)
18 septiem	bre 2021
Date	

P.O. Box 339 Cidra, Puerto Rico 0739

Court, Clerk's

Office at. United States

Ffice, ASO Ave. Carlos Chardón Fe. 150, San Juan, P.R. 009181767

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 19 of 118

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Participant must provide all of the information below in English:

if any:
Participant's Name: Carmen I. Machin Medina
Participant's Address: $P = 0$ $B = X$
Participant's Email Address: Cmachin medina gmail com
Name of Counsel:
Address of Counsel: None
Email Address of Counsel: No C
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 98 989.
Nature of Claim: Gegeral unsecured pension
By: Chen O Mail Made
Signature Signature
Culmen J. Wachin Medina Print Name
No 10
Title (if Participant is not an individual)
09/15/2021
Date

2021 SEP 27 PH 4: 36

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 21 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: W Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)



Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 23 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Marta J. Martinez Castro Participant's Name: Participant's Address:

P. O. Box 971 Lyas, P.R. 00667

Participant's Email Address: davu400920yahoo. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 17 BK 3283-LTS
Retiro de Puerto Rico Claim Number: Nature of Claim: By: Marta J. Martinez Castro Title (if Participant is not an individual) 7 Septiembre 2021.

Marta J. Martinez Castro P.O. Box 971 Lajas, P.R. DObbo7

SAN JUAN, P. P. SAN JUAN, P. P.

United States Distric Court

00918-170625

19714 & 10311303 San Juan, P.R. 00918 - 1767

150 Ave. Carlos Chardon Ste. 150

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MEMPHIS TN 380

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 25 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: P.O. Box 330652 Ponce, P.N. 00733-0652 Participant's Name: Participant's Address: Participant's Email Address: raquelrios ganzalez @ gmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17 BK 3283 LTS Claim Number: Promesa Title III Nature of Claim: By: 15 /pept. /2021 Date

trucy p. p. 00733-0652 al. Box 330652

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 27 of 118

Participant must provide all of the information below in English:

	1.	-0.00	contact information, inc	luding email addr	ess, and that of its	counsel,
		if any:	11	2	0 10	
Particip	oant's N	lame:	NonlyA	Peres	ven	0
Particij	pant's A	Address:	+ (paloceper	o Lilas	3 ST 660	There for
Particij	pant's E	Email Address:	1995 ach	no gala	1C. Com	
Name	of Cour	isel:				*
Addres	ss of Co	unsel:				
Email .	Address	s of Counsel:				
	2.	Participant's	Claim number and the	nature of Participa	nt's Claim:	
Claim	Numbe	r:	No. 17BK3	283-L	TS =	70
Nature	of Clai	m:	In re: contenti	on that our	persons &	
By:	XCS	aux	h	ay be restruc	true good of	our will,
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			17. 7. 7. 1			
	Title (if Participant is	s not an individual)			
	Y	14/5ep	1/202)			
	Date	/				

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Pro se Notices of Participation Page 29 of 118

Participant must provide all of the information below in English:

1.	Participant's contact information, if any:		1	
Participant's		do ferrer V	Tarquez	
Participant's	Address: Cord. Guin	ona Tonne By	15% 206, SAN	Tusi
Participant's	Email Address: echwards	enner @ yahoo.	com for	11.00
Name of Cou	unsel:			
Address of Co	Counsel:			
Email Address	ess of Counsel:	Debiors."	1	
2.	Participant's Claim number and th	e nature of Participant's Cla	m:	
Claim Numbe	er: 17 BA	K 3283 - LTS		
Nature of Cla	im: decumu /a /	ted Retirement	- Con frida Teo	NS
By:	- Efe		SEP	
Signat	- 1//1		27 10 %	
Print N	rodo Ferner Veliquer Name			
and little	- aphygra		3 5	
Title (i	if Participant is not an individual)			À
Date	Mugus/ 31, 2021.			



Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 31 of 118

Participant must provide all of the information below in English:

if any:
Participant's Name: Participant's Address: Cond. Guin Tana Tonne B Apt. 204 San Just Apr. Participant's Email Address: edwards fennen @ yalvo. com 10917
Participant's Address: Cond. Guin lans Jonne B Apt. 204 San Just
Participant's Email Address: <u>edwardsterner</u> @ yahro. com 00917
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3293-LT5
Nature of Claim: Locumulated Retirement Contributions
By: Signature
Eduardo Fenner Velizanes
Print Name
Title (if Participant is not an individual)
Jugust 31 2021
Date /

009/7 SL Otton Coltanteno Մինայիկիվունահետում Միժվիկրիվվիկին 7211-81600

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 33 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Signature

Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 35 of 118

Participant must provide all of the information below in English:

	ontact information, including email address, and that of its counsel,
if any: Participant's Name:	Hildelisa Pagan Acevedo
Participant's Address:	200 Luis Castellon Mayaguez, P.R
Participant's Email Address:	acb 308@hotmail. dom
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's (Claim number and the nature of Participant's Claim:
Claim Number:	1845 SRF55923 MMLID 2405 188 RockID 1-243068
Claim Number: Nature of Claim: By: Signature	Employees Retirement System of the Government of the Government Of the Government October Government
Nature of Claim: By: Hildusa again	A PART OF THE PART

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Puerto Rico 1845 SRF 55923 MMLID 2405188 PackID 1-243068 PAGAN ACEVEDO, HILDELISA URR RIO CRISTAL 200 CALLE LUIS CASTELLON MAYAGUEZ PR 00680

HILDELISA PAGAN ACEVEDO URB RIO CRISTAL 200 CALLE LUIS CASTELLON MAYAGUEZ PR 00680-1903

SAN SUAN, P. I.

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Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767. Court's Clerk's Office at: United States District Court, Clerk's

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 37 of 118

Participant's contact information, including email address, and that of its counsel,

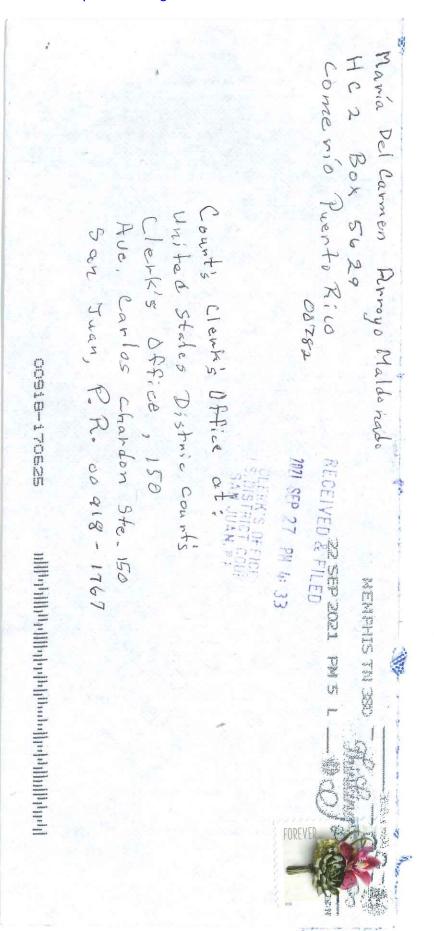
Participant must provide all of the information below in English:

1.

if any: Maria Del Carmen Arroya Maldonado Participant's Name: Participant's Address: Participant's Email Address: Comerio, Puerto Rico 00782 Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: 179029 of Claim: wages Back Pay Promesq Title III

Perome Bed C. arrays moldonade

Simplifie Nature of Claim: María Del Carmen Arroyo Maldonado Title (if Participant is not an individual) 20 septiembre 2021



Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Pro se Notices of Participation Page 39 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Monserrate Berrios Colon Participant's Name: Calle 4 B- 50 Urb. Treasure Valley, Cidrat 200739 Participant's Address: Participant's Email Address: Monsevra te berrios 456 g mail, com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Title (if Participant is not an individual)

cidra 1200739 alle 4-B-50 Urb Treasure Valley

Juan, P.R. 00918-1767 States District Court Clarks 150 Ave. Carlos Chardon Ste, 150

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 41 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Maria E. Corden Torres Urb. Paseo de los Arfesanos, 1 7 1 DD
Participant's Address: 191 Emeterio Hernandez Lozada, las Piedros PR
Participant's Email Address: mcordoro 814@hotmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 22790
Nature of Claim: Employees Retirement System of the Government
By: Maringland of the Commonwealt of D.R.
Signature Nom F. Cordon
Print Name
Title (if Participant is not an individual)
14 agosto 202) Date

Emekrio Hernandez Lezpelo & FILED.

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Pro se Notices of Participation Page 43 of 118 SRF 55923

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Mana Isabel Rios Verguer
Participant's Address: POBOX 1784 Liquillo P.R. 00773
Participant's Email Address: NO Montre 347 Danil. Con
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: NO. 1786. 3283-275
Nature of Claim: Provesa Title III SEE SE
By: Law Olin weges Signature
Mona J Rico Velagues Print Name
Title (if Participant is not an individual)
Date

Maria I Prios Wazques P. O. BOX 1784 Luguillo & ROO773

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San Juan, P.R. 60918-1767

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 45 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Maria de los A Vila Agosto
Participant's Address:	Us Valle To Cema H 16 Calle Jose I Quinton
Participant's Email Address:	Coguas PK 00737-232
Name of Counsel:	PROSKAUER ROSE LLP
Address of Counsel:	Elesen Times Square New York, NY 10036
Email Address of Counsel:	·
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	115875
Nature of Claim:	Demand to the Financial Duersight and Managemen
By: Mundeles Al	ils dord for Puerto Rico 15 Commonweatt
Signature	
Maria delas A	Velez Agosto
Print Name	<u> </u>
Title (if Participant is	not an individual)
9-11-	2021
Date	8

00745 San Juan 150 Que Castos Chardon Ste. 150 00918-1767 MEMPHIS TH 380

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 47 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Marin de los A				
Participant's Address:	Uh Salle Tolema H	16 Calle Jone	I Que	enton	727.484
Participant's Email Address:				12 00	, 0 , 0 , 0
Name of Counsel:	PROSKAUER	ROSE L	LP	<u> </u>	
Address of Counsel:	Eleven Times	Square New	o Yor	K. Ny	10036
Email Address of Counsel:					
2. Participant's C	Claim number and the nature of	f Participant's Claim:			
Claim Number:	115875			_	
Nature of Claim:	Demand to the Find	ncial Oversion	ght a	nd Ma	nagement
By: Marinde la Signature	s don't	newto Kico US Z	ommo	Puerdo	Zico
Maria de l	os A Vélez Agosto		2021	7 C	
Print Name		***	SE SE	YE YE	
Title (if Participant is	not an individual)	\$	27 P	0	
9.14-20	13/	1			
Date			, O.	C)	

COSTS-170SN 23 SEP 2021 PM 3 00918-1767 aulos Chardon Ste 150

Participant must provide all of the information below in English:

	1.		's contact information	n, including ema	ail address,	and that	of its cou	ınsel,
		if any:		\$20.00 \$20.00				
Particip	oant's l	Name:	Roberto	hopez A,	royo			
1	2		21111	2		Λ.Ι	(-1)	
Particip	pant's A	Address:	tublic Housi	TA NO PR	DVana DValo2		SBH	#54
Particip	pant's l	Email Addre	ess: hobert	-10pez 0519	54@gn	nail,	com	
Name o	of Cou	nsel:	Not re	present	d by	Cour	1521	
Addres	s of Co	ounsel:		.5				
Email .	Addres	s of Counsel	1:					
	2.	Participant	's Claim number and	the nature of Pa	articipant's	Claim:		
Claim	Numbe	er:	43809	12 102	1			
Nature	of Cla	im:	Pension /	Retiree			7 70	()
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	Title ((if Participan	nt is not an individual)			52	
	Se Date	skm bei	r10,2021					

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 51 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Maibel Robeiquez Garia
Participant's Address: 5311 Sagituda Tactives Courte
Participant's Email Address: Masibely 8 a hotmail "Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel: Washibely & a hotmail com
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: Num 17BK3283LTS
Nature of Claim: By: Mall Bold gren Carcia Title (if Participant is not an individual)
Date 2000

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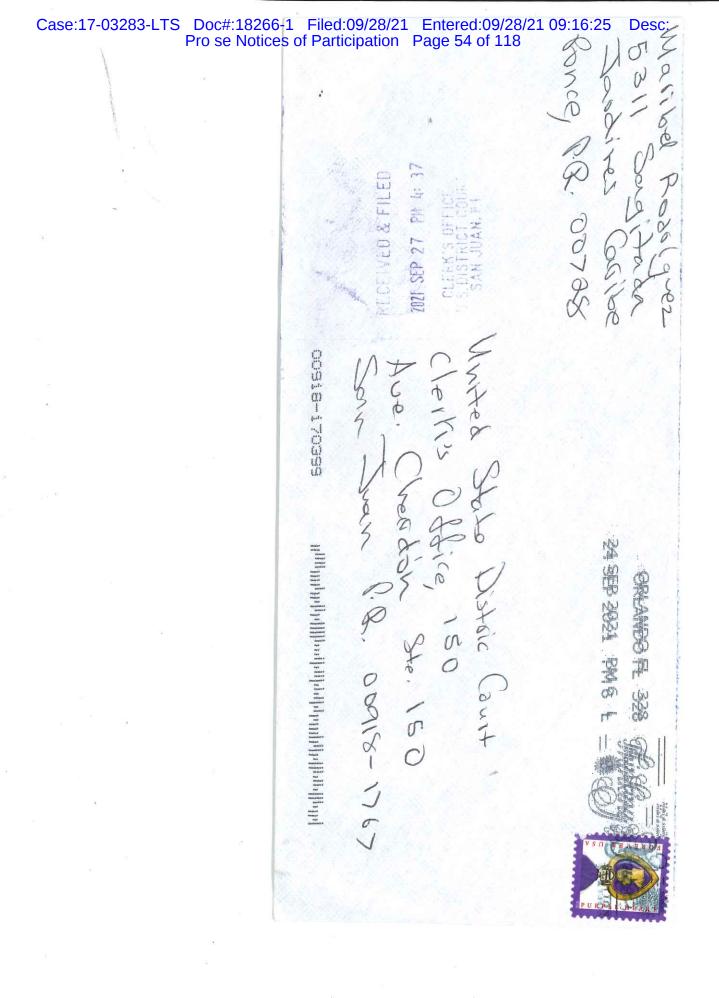
Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 53 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: Maribel Rodyguez Googa
Participant's Address: 5311 Sagitada Jastines Casilore
Participant's Email Address: Maribely 8 a hotmail-com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: num. 103911 Persion-jubilea
Nature of Claim: Englands Quiblico Ley 12 By: Walth Roll 17 BK 38 3 1550 Signature Wash 18 60/4 or Classes
Print Name Title (if Portion and in additional to the state of the st
Title (if Participant is not an individual) 24 2024 Date



Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Pro se Notices of Participation Page 55 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Maribal Rodiguez Coura
Participant's Address:	5311 Sagitata Tarlines Casiby
Participant's Email Address:	masibely 8 0 hotmail.com 1800
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	marshely & a before town
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	103911 No.17BK3283 FTS
Nature of Claim:	Empleados Públicos y Penson-jusilación
By: Mally Signature	Proventey 12
Maribel 7 Print Name	offger Carlo SEP 27 PM SANSOFF
Title (if Participant is	not an individual)
Date.	2021

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 57 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any.
Participant's Name: Weishel Rodriquez Gascia
Participant's Address: 5311 Sagitada Ind Casibe
Participant's Email Address: Morsibely & hotmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: Num. 17 BK 3283 LTS
Nature of Claim: Num. 103911 Fugles Pistio
By: Mally
Signature // Roverard
Print Name
Title (if Participant is not an individual)
23 Sept 2021 Date

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 59 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Marihal Ratifica Carticia
Participant's Address: 5311 Sagitada Facdives Coube Participant
Participant's Email Address: Wasibely 8 @ hotmail - com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: Num. 103911
Nature of Claim: Eugleodo Piblico Ley in Robe tor
By: Malf H
11/ 1/ 0 K Carlon 2 2
Print Name
Title (if Participant is not an individual)
24 sept. 2001
Date

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Davenont Participant's Address: Participant's Email Address: bhernandez y WeraT Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: TitleIII NO. 17BK 30 Nature of Claim: By: Title (if Participant is not an individual) September 23, 2019

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Pro se Notices of Participation Page 63 of 118

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any: 	
Participant's Name: Nimia Berrios Colon	**
Participant's Address: <u>Calle Luis Lugo # 8 Urb. Fernández Cidra PR</u>	0073
Participant's Email Address: nimalisette 6. com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number:	
Nature of Claim: Wages Back Pay Promesa Title III	-
By: Signature Colon Signature	
Nimia Berrios Colin Print Name	
	, 2
Title (if Participant is not an individual)	
18 Aept. 2021 Date	

Cidra PROOT39

San Juan, PR 00918-1767

Chardon Ste 150

Unitedial States District Court

office, 150 Ave. Carlos

Participant's contact information, including email address, and that of its counsel.

Participant must provide all of the information below in English:

Participant's Name:

Edng Josefing Freire Nieves

Calle Gay fier Benitez #9

Participant's Email Address:

I don't have one.

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

The participant of Claim:

Wages Back Pay Promesa Title The No. 178K3283-LTS

Title (if Participant is not an individual)

reire Nieves

1.

if any:

18 de Septiembre 2021 Date

idra, taerto Rico 00739 Herk's Office, 150 2021 SEP 27 Ave. Carlos Chardon Ste. 150 to Rico 00918-1767

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: SRF 55923 Pro se Notices of Participation Page 67 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Cormen L. Diaz Caraballo
Participant's Address: Urb. Monte Brisas 5
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 146109 1549 154866
Nature of Claim: By: Carmen L. Diaz Caraballo Print Name Title (if Participant is not an individual)
September 13, 2021

Desc: 00918\$1706 C018 2021 SEP 27 PH 4: 38 16 SEP 2021 PM 2 5.00918

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 69 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Judith Hernandez Gerrano
Participant's Address: Haciendo Florido 104 Calle Caoba Santonnofa.
Participant's Email Address:
Name of Counsel: PROSKAYER ROSE LLP
Address of Counsel: Eleven Tiras Square New York, Ny 10036
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 75014
Nature of Claim: Demand to the Financial Oversight and manageners
By: Signature Signature Rico Signature
Judith Hermindez Serrano
Print Name
Title (if Participant is not an individual)
09/13/2021
Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

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Africa, 150 Ave. Sarlos Chardon Ste. 150,

es State District Court, Elerk's

San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: SRF 55923 Pro se Notices of Participation Page 71 of 118

Participant must provide all of the information below in English:

if any:
Participant's Name: Dora H. AyalaCalZada
Participant's Address: Yilla Aygeli Nala Calle los Robles
Participant's Email Address: dora ayala 228 al gmail Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: <u>N0178K3283-175</u>
Nature of Claim: Promesa Titulo 1110 3
By: Nona H. Ougola Calgoda Signature
Dora H. Ayala Calzada Print Name
Title (if Participant is not an individual)
Date Date

00919-1700NS 23 SEP 2021 PM 3 San Juan, F. R 00918-176 MEMPHIS TN 380 NOITAE

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 73 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:			
Participant's Name: John	Devine TTEE, Marie Alexino	MEF Devine LIV	114 Trust
Participant's Address: 288	39 N Tomberlin Pt, Hernan	do, FT 34442	
Participant's Email Address: Cer	re1013@aol.com		
Name of Counsel:	a =	7	1/2
Address of Counsel:		8 - Tarangan (1981)	
Email Address of Counsel:	N		
2. Participant's Claim	number and the nature of Partici	pant's Claim:	
Claim Number: <u>17</u>	BK 3238-15	6.0	
Nature of Claim: 42	5,000 Bord-£lisip#7.	4514LPT8	
By: Aphy Leven	£		1 E
Signature			
John Devine T Print Name	1 tt	Carlo	4 8
Title (if Participant is not a	n individual)		
<u>9-23-21</u> Date			
Duto			

Devine 2889 N Tomber In FT Hernan de, F1 34442

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: <u>Jared De J. 10mo</u> Lebron
Participant's Address: Urb. Sand. De Guatemala Calle 1 Atts
Participant's Email Address: Jored 25011@gmail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 3283-LTS
Nature of Claim:
By: Signature
Sored De J. Tomes Lesnis Print Name
Title (if Participant is not an individual)
17-Sept-21
Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
must be filed electronically with the Court on the docket using the CM/ECF docket event Notice

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Pro se Notices of Participation Page 76 of 118 89. P.R. 00685 Supranole 2011 SEP 27 COUNTY TYONA Son Jue P.A. 06918-1767 Aux. Carlas Chardon Stc. 150 NEW TON DUNNIN THISTIN IN WOO District Court

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Pro se Notices of Participation Page 77 of 118

Participant must provide all of the information below in English:

	ticipant's contact information, including email address, and that of its counsel, any:
Participant's Nam	e: Raymond Margual Perez ress: PO BOX 1074, Isobela, P.D. 00662
Participant's Add	
Participant's Ema	il Address: raymond-manguale yahoo.com
Name of Counsel	
Address of Couns	el:
Email Address of	Counsel:
2. Pa	rticipant's Claim number and the nature of Participant's Claim:
Claim Number:	NO. 17 BK 3283- LTS
Nature of Claim: By: Signature Print, Nan	Discoury for Commo wedth Plan Continuola, and Morgual
	articipant is not an individual)
must be filed ele of Intent to Parti	Filing Notice of Participation: If you are represented by counsel, this Notice ctronically with the Court on the docket using the CM/ECF docket event Notice cipate in Discovery for Commonwealth Plan Confirmation, in <i>In re</i> of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing fore the applicable deadline. If you are not represented by counsel, you may

instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

150606, PR 00662

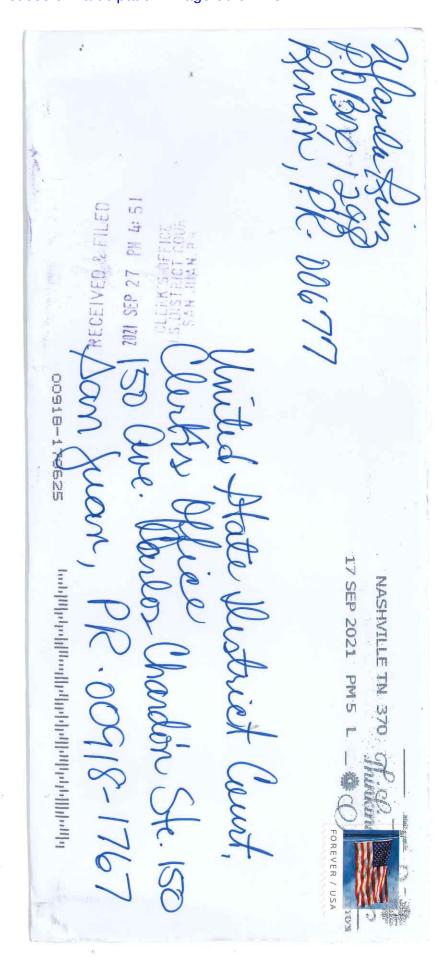
Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 79 of 118

Participant must provide all of the information below in English:

1. Participa	nt's contact information, including email	address, and that of its counsel,
if any:	γ_{1} , γ_{2}	1
Participant's Name:	Nanda Kus U	rismande
Participant's Address:	P.OBOY 129	8, Kincon, HKOO6
Participant's Email Add	Iress: Wanda. ruiz, 1963	@ gmail.com
Name of Counsel:		
Address of Counsel:		
Email Address of Couns	sel:	
2. Participa	nt's Claim number and the nature of Part	icipant's Claim:
Claim Number:	33312	
Nature of Claim:	Pensiontretiree	S. C. 28
By: Wand	la Bun (Smende)	A SERVICE OF THE SERV
Signature	B 0/1	S OF TOO
Manda	Luiz Anzmena	
Print Name	1,	
		All the second section 18
Title (if Participa	ant is not an individual)	
Septen	ber 10, 2021	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Alicia M. Rodriquez Rivero
Participant's Address: 1201 Bacon Ranch Rd. Apt 2109 Killeen T
Participant's Email Address: Gradrivera 1951 a 9 Mail Com 7654
Name of Counsel: The Jivaneral Versight Planagement Board
Address of Counsel: Prime Clerk LL & Grand Cent. Station
Email Address of Counsel: 1.4. 14. 101163-470
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: Case 10. 17BK 3283-LTS
Nature of Glaim: Petirement System, lad wrore Reducation to more feaching experient Alicia Rodriquez Print Name Print Name Print (if Participant is not an individual) Cept 8 7071 Print Name Print Name
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.
101 36 SZ day 1707

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 83 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name: Alexander Trinidad	,
Participant's Name: 4ANG Via 31. Villa Fonta	ina Cavo
Participant's Email Address: at 898116 e gmail.com	00
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	7 7
2. Participant's Claim number and the nature of Participant's Claim:	3 8
Claim Number:	SEP VE
Nature of Claim:	7 8
By: allphile Luclas	F E
Signature (Alexander Trinidad	E
Alexander Trinidad Print Name	
Find Name	
Title (if Participant is not an individual)	
September 16, 2001	
Date	

Hexander Trinidad 4ANG VIG 31 VILLE Fontong Carolina PR 00983

nited States District Court erk's Office

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PR 00918 - 1767

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 85 of 118

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:	,			
Participant's Name:	Edwin Garcia Februs			
Participant's Address:	Orb. Mountain View, Calle 3,3	E 211, Ca	olih	aPP.
Participant's Email Address:	ederingarciain@qmail.com			
Name of Counsel:	none			
Address of Counsel:	none			
Email Address of Counsel:	none			
2. Participant's (Claim number and the nature of Participant's Claim	1:		
Claim Number:	17 BK 3283 - LTS		202	
Nature of Claim:	Bankryptcy Case	200	出	REGEIVED
By: Exmin &	Janes Loto	一点の	27	06
Signature		765	2	
EDWIN A.G.	ircid teacts	223	E CN	
Print Name			anning of	
MAS				
Title (if Participant is	not an individual)			
08/29/21				
Date			-	



Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 87 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:

Participant's Name:	Herrino Ro	emos Vi	lane ve	500.00
Participant's Address:	Ulp-Ext. El Con	anderte	Calle Ja	u Cerlus 433
Participant's Email Address:	Corolina AR 1 ttexidor flore	50982 50 yako	o. con	
Name of Counsel:				
Address of Counsel:				
Email Address of Counsel:		1		
2. Participant's C	laim number and the nature	e of Participar	ıt's Claim:	
Claim Number:	25926	1 h		
Nature of Claim:	Pension/Retir	ee Claim	S	
By: Signature	Ada ad 102 Lac		CLERK'S LS.DISTR	RECEIVE
Print Name	us Villamera		7 24 4	
Title (if Participant is n	ot an individual)		52	G
Date				

Herninio Ramos Castil7-03283:LTS Doc#. 18206-1 Pro se Notice Tatiana Texidor Flores Ulb. Ext. Gl Comandante Calle Dan Centos 433
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Court's Clerk's Office United States District Court Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, PR 00918-1747

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 89 of 118

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Participant's Email Address:

Lexidor Flores D Jahoo. Com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Person | Reference Claims

Signature

Tahana Texidor Flore

Print Name

Title (if Participant is not an individual)

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 90 of 118



CERTIFICACIÓN

Certifico la siguiente información referente a la pensión de Edna J. Freire Nieves, con número de seguro social que termina en 5556

Fecha de Efectividad de la Pensión	1 de julio de 1995
Tiempo Cotizado para la Pensión	30 años
Pensión Mensual Inicial	\$1,112.65
Pensión Mensual Actual	\$1,215.82

Esta certificación se expide hoy, 27 de agosto de 2021 en San Juan, Puerto Rico.

Cynthia Sanjurjo Santos Supervisora Centro de Contacto



Herninio Ramos Casta 7-03283-LTS Doc# 18260-1 Pro se Notice Ulb. Ext. El Comandante Calle Dan Corbs 433
Corolina PR 00982

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Court's Clerk's Office United States District Court Clerk's Office 150 Ave. Carlos Chardon Ste. 150

San Juan, PR 00918-1747

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 92 of 118

Participant must provide all of the information below in English:

1.	Participant's co	ntact information,	including email ac	ldress, and th	at of its cor	unsel,
	if any:	- La Solani	uel Alamo	Cuarla	5	
Participant's N	Name:	ise manu	e pano	Colore		(11)
Participant's A	Address:	Villa del	Rey 4ta 5	ec. Call	5 4	<u> </u>
Participant's I	Email Address:	Raques	, Puerto	Kice	00/2	/
Name of Cour	nsel:		2	je.		
Address of Co	unsel:					
Email Addres	s of Counsel:				=	
2.	Participant's C	laim number and th	ne nature of Partici	ipant's Claim		
Claim Numbe	r:	100 Long				
Nature of Cla	m: / A	46.17BK 3	273-15		2021	=======================================
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Sighat	ure T	al Alumo	Queios		200 7 200 7	Per -
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	Vaestr	0			57	
Title (if Participant is	not an individual)				
_2	o Gapto.	2021				
Date						



Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc SRF 55923 Pro se Notices of Participation Page 94 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Bedelia E Santiago Manau tou

Participant's Address:

Longs Verdes 4E 8 Longs Verdes, Bayamor 500 956

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By: Bedelia E Santiago

Signature

Print Name

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

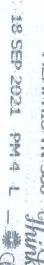
Title (if Participant is not an individual)

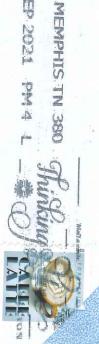


Carlos Chardon Ste. 150 LZ das 1707

San Juan, Puerto Rico 00918-1767

RECEIVED & FILED





SRF 55923

Participant must provide all of the information below in English:

if any:	formation, including email address, and that of its counsel,
Participant's Name: Glor	ia M. Gunzalez Otero
Participant's Address: 45/6	Sect. Capilla
Participant's Email Address:	N/A
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim nur	mber and the nature of Participant's Claim:
Claim Number:	
Nature of Claim: Mariam MAL,	otro
By: Signature	27 ED
Gloria M González	Otere.
Print Name	Otevo.
Title (if Participant is not an ir	dividual)
Sept 10, 2021	
Date	· · · · · · · · · · · · · · · · · · ·

Gloria M. Gonzalez 4516 Sec. Capillo Cidna. P.R. or 739.

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United States District Court, Clerk's Office 150 Ove Carlos Chardon Ste. 150 San Juan, Suesto Rico vo 918-1767

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 98 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Soma W. Lewende	emente
Participant's Address: 800km. 4.6 apto 2132 Sur	alo P.R
Participant's Email Address: Smhc - 62 & icloud-com	100778-334
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim Number: 17 BK 32 83-4T5	n:
Nature of Claim: By: Ama M. Hernandez Clemente Signature Sonia M. Hernandez Clemente Print Name Title (if Participant is not an individual) 16 / Deptember (202) Date	PRECEIVED & FILED 700 SEP 27 PN 4: 52 SLERK'S OFFICE SAN JUAN FF

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 100 of 118

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1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ii any.				
Participant's Name:	Migdalia	Duinones	Roman	
Participant's Address:	P. O.	Duinones Box 83	388 Pona	2 P.K.00
Participant's Email Address	migdaliaqui	nonu e pucpr	n. edu	4
Name of Counsel:	9.84			
Address of Counsel:				
Email Address of Counsel:		APCILINE.		
2. Participant's	Claim number and the	nature of Participant'	s Claim:	
Claim Number:	1307	188		(8)
Nature of Claim:	17 BK	3283 -	LTS	
By:		MY overland was not been		2021
Signature	1 -		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEP 27
Print Name				27
Miadalia	Quinones no.	กลา์	30	2 -
Title (If Participant is	s not an individual)		2	29
septem	ben 11,20	21		
Date				

September 11, 2021

Hi

Teacher at Department of Education in Puerto Rico from 1978 until 2013.

Thanks,

Migdalia Quinones Roman

migdaliaquinones @pucpr.edu

Claim Number 130788

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Title (if Participant is

PH 4: 28

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Pro se Notices of Participation Page 105 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Helen Burgos Rodz.
Participant's Address: Urb Las Angeles calle Anouto # 477 Yauc
Participant's Email Address: helenbr 2 & live . com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No.178K 3283-LTS
Nature of Claim: The Commonwealth of Puerto Bico
By: Helen Burgo Rodg. Signature
Helen Burgos Rodz. Print Name
Promeso Title III Title (if Participant is not an individual)
Date

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Juan, P.R. 00918-1767

Carlos Chardon Ste.

Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 107 of 118

Participant must provide all of the information below in English:

	articipant's contact information, including email address, and that of its counsel,
	fany:
Participant's Na	ne: Trividad Laureano Ramos
Participant's Ad	dress: do Bot 149 Rio Grande, P. L. 00745 ail Address: dayreano 22 agrail con
Participant's Em	ail Address: daureano 22 agrail con
Name of Counse	
Address of Cour	sel:
Email Address o	f Counsel:
2. P	articipant's Claim number and the nature of Participant's Claim:
Claim Number:	167654
Nature of Claim:	71 dd - 1 d - 1 d - 1
By:	wers Rame
Signature	
Triba	led Caureano Ramos
Print Nan	The Children of the state of th
I IIIIt Ivai	¥99
Title (if F	Participant is not an individual)
Septe	mber 08, 2021
Date	

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SRA. TRINIDAD LAUREANO RAMOS P.O. BOX 149 RÍO GRANDE, P.R. 00745

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc Pro se Notices of Participation Page 109 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Participant's Address: Participant's Address: Participant's Address:
Participant's Email Address: d aureano 22 & goail. con
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 167654
Nature of Class. Interested in continuing the litigation process
By: Cauren Lame
Cignature
Trividad Laureano danos
Print Name
Title (if Participant is not an individual)
September 08,2071
Date

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SRA. TRINIDAD LAUREANO RAMOS P.O. BOX 149 RÍO GRANDE, P.R. 00745

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 111 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Mame of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

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By:

Mature of Claim

Print Name

Title (if Participant is not an individual)

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: Luis A. Santiago Rivera
Participant's Address: PO Box 502, Cidra PR 00739
Participant's Email Address: Orsanri@hotmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 6343
Sature of Claim: By: Puir 1. Participant is not an individual) Above Treshold Claims Signature Luis A. Santiago Rivera Title (if Participant is not an individual)
09 15 202/ Date

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0. Box 502 idm, P.R. 00739

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Case:17-03283-LTS Doc#:18266-1 Filed:09/28/21 Entered:09/28/21 09:16:25 Desc: Pro se Notices of Participation Page 115 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Edna R. Rivera Robles Participant's Name: Calle 4 B 53 Urb. Treasure Valley Cidra P. R. 00739 Participant's Address: Participant's Email Address: monserrore berrios 456 a 9 mai Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 175396 Nature of Claim: Signature Print Name Title (if Participant is not an individual)

Entered:0 Doc#:18266-1 Filed:09/28/21 Pro se Notices of Participation HICY BES DO K. HIVOYO Rables P.R. 00739 San Juan, P. R. 00918-1767 ed States District Court 7071 SED 27 PH 4: 23 00010-170625 23 SEP 2021 PM3 L The second secon MINDLIS IN 380

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:

I. Pachero Vazauez Participant's Name: Country club Carolin Jardines de Participant's Address: Participant's Email Address: Education Name of Counsel: Box 190759, San Juan Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 164107 Claim Number: Nature of Claim: gw 89 Romerazo, Law 164, Low 96 Maria I. Pacheco Vazquez Title (if Participant is not an individual) Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

I was an employee from Department of Education of the Commonwealth of Puerto Rico from 1982 7:11

2012. Asking for the maximum compensation

Entering ines de Country club entering ines de Country club Fram: Maria 1. Pacheco Vazquez Doc#:18266-1 Filed:09/28/21 Pro se Notices of Participation 7020 0640 0001 9588 3179 00910-170625 To : United States District Court Clerks Office 150 Ave. Carlos Chardon Ste. 150 San Juan, P. R. 00918-1767 \$6.80 R2304M114872-7